



Chemical Preparedness Environmental Specimen Shipping Manifest

PAGE _____ OF _____

DIRECTIONS: Complete and place this form in a ziploc plastic bag between the secondary and outer container of the shipping container. Use one form per box of samples. Complete DPHL "Chain of Custody Form for Clinical Preparedness Samples" for *EACH* sample batch. Complete DPHL "Chain of Custody Form for Clinical Preparedness Samples" for each sample.

DATE SHIPPED: _____

SHIPPED BY: _____

CONTACT TELEPHONE: _____

SIGNATURE: _____

DATE RECEIVED: _____

RECEIVED BY: _____

SIGNATURE: _____

TOTAL NUMBER OF SPECIMENS
IN THIS CONTAINER:

SPECIMEN TYPE (specify):

SPECIMEN TYPE (specify):

SPECIMEN TYPE (specify):

SPECIMEN TYPE (specify):

SPECIMEN TYPE (specify):

SPECIMEN TYPE (specify):

COMMENTS: _____

SHIPPING ADDRESS:

Delaware Public Health Laboratory
Attn: Tara Lydick, CT Coordinator
30 Sunnyside Road
Smyrna, DE 19977
(302) 223-1520